SAMPLE DENTIST EOB

FIRST DATE OF SVC	LAST DATE OF SVC	NUM OF SVCS	PL OF SVCS	PROCEDURE CODE	TOOTH NUMBERS/ SERVICES	PROVIDER CHARGE	ALLOWANCE	INELIGIBLE AMOUNT	INELIG CODE	SUBSCRIBER LIABILITY AMOUNT	SUB LIAB CODE	OTHER INSURANCE AMOUNT	AMOUNT(S) PAID TO PROVIDER	AMOUNT(S) PAID TO SUBSCRIBER	MESSAGE CODE(S)	CLAIM NUMBER
PATIENT:						CONTRACT ID:				(001)	APPL/SUB NAME:					
04/12/02	04/12/02	1	0	05110-00	01-16	700.00	700.00			25.00 135.00	AI CI		540.00		J9040	00189386100
						CLAIM TOTALS		.00		140.00		.00	540.00	.00		

EOB TOTALS: TOTAL SUBSCRIBER PAYMENTS = 0.00 TOTAL PROVIDER PAYMENTS = $548.00 PAYMENT NUMBER: 20332144

MESSAGE(S):
J9040 If you have any questions, call Dental Customer Service Unit at 1-800-332-0366.

INELIGIBLE AMOUNT CODES:

SUBSCRIBER LIABILITY CODES:
A1 = Deductible
C1 = Coinsurance

You can view or print a copy of our Health Insurance Portability and Accountability Act of 1996 (HIPAA) Notice of Privacy Practices by visiting our website at www.ucci.com and clicking on the HIPAA Privacy Notice button or by calling 1-866-215-2352 (toll free) to request a paper copy.

UNITED CONCORDIA
America's Premier Dental Insurer
Harrisburg, PA 17106

EXPLANATION OF BENEFITS

SAMPLE MEMBER EOB

UNITED CONCORDIA

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

DENTAL CUSTOMER SERVICE
P.O. BOX 69420
HARRISBURG, PA 17106-9420

Subscriber: John Doe | ID Number: 999 99 9999 | Page: 1 of 2

Patient: John Doe | Claim Number: 01260354768 | Date: 09/27/01

Provider: PACO FRALICK DDS INC
(000848516)

PROCEDURE DESCRIPTION PROCEDURE CODE (NUMBER OF SERVICES)		SERVICE DATE(S)	PROVIDER'S CHARGE	ALLOWANCE	AMOUNT PAID	AMOUNT NOT PAID	REMARKS
PERIODIC EVALUATION D0120	(001)	09/10/01	25.00	23.00	23.00	2.00	Q1030
PROPHYLAXIS ADULT D1110	(001)	09/10/01	51.00	47.00	47.00	4.00	Q1030
BITEWINGS FOUR FILMS D0274	(001)	09/10/01	34.00	30.00	30.00	4.00	Q1030
		TOTALS	110.00	100.00	100.00	10.00	

Q1030 These services were performed by a Participating Provider. This Provider has agreed not to bill you for the difference between the PROVIDER'S CHARGE and the ALLOWANCE for this service.

The Provider has been paid the amount shown in the AMOUNT PAID column.

UNITED CONCORDIA
America's Premier Dental Insurer

HAVE A QUESTION?
PLEASE CALL 1-800-299-1910
Business Hours: 8am-8pm E.T.
Service for the Deaf via TDD Equipment
is available at 1-800-345-3837

THIS IS NOT A BILL

UNITED CONCORDIA

DENTAL
EXPLANATION OF BENEFITS
KEEP FOR YOUR TAX RECORDS

Subscriber: John Doe | ID Number: 999 99 9999 | Page: 2 of 2

Patient: John Doe | Claim Number: 01260354768 | Date: 09/27/01

Provider: PACO FRALICK DDS INC
(000848516)

PATIENT SUMMARY FOR:

Patient Name: John Doe | Identification Number: 999 99 9999

Benefit Period: 01/01/01 - 12/31/01 | Coverage: Dental | Group Number: 043424-000

For this benefit period, $100.00 has been applied to your $1,500.00 individual program dollar maximum.

THIS IS NOT A BILL